

8. Which two of the following services would you be most willing to support with tax dollars? (Select up to 2).

- ☐ Curb to curb shuttle service for seniors and disabled persons
- ☐ Improved bus service on fixed routes
- ☐ Improved commuter train service
- ☐ Park and ride services (where you park your car and then take a bus, train, or carpool to your destination)
- ☐ Walking and bicycling improvements (sidewalks, wider shoulders, paths, bike lanes)
- ☐ Services to coordinate carpools or vanpools
- ☐ Other (please specify): _____

9. How much do you support the use of the following revenue sources to fund transportation improvements?

	<u>Strongly</u> <u>Support</u>	<u>Somewhat</u> <u>Support</u>	<u>Somewhat</u> <u>Oppose</u>	<u>Strongly</u> <u>Oppose</u>	<u>Not</u> <u>Sure</u>
A sales tax increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An increase in vehicle registration fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An increase in existing tolls (e.g. on bridges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A property tax increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A user tax based on the number of miles driven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An increase in the gas tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding tolls to highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What city, town, or village do you live in?

- ☐ C/Beacon
- ☐ T/Hyde Park
- ☐ T/Poughkeepsie
- ☐ V/Fishkill
- ☐ C/Poughkeepsie
- ☐ T/LaGrange
- ☐ T/Red Hook
- ☐ V/Millbrook
- ☐ T/Amenia
- ☐ T/Milan
- ☐ T/Rhinebeck
- ☐ V/Millerton
- ☐ T/Beekman
- ☐ T/North East
- ☐ T/Stanford
- ☐ V/Pawling
- ☐ T/Clinton
- ☐ T/Pawling
- ☐ T/Union Vale
- ☐ V/Red Hook
- ☐ T/Dover
- ☐ T/Pine Plains
- ☐ T/Wappinger
- ☐ V/Rhinebeck
- ☐ T/East Fishkill
- ☐ T/Pleasant Valley
- ☐ T/Washington
- ☐ V/Tivoli
- ☐ T/Fishkill
- ☐ Other _____
- ☐ V/Wappingers Falls

11. What is your ZIP Code? _____

12. How many people, including yourself, are in your household? Age 16 or older: _____ Under Age 16: _____

13. What is your age? ☐Under 16 ☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75-84 ☐85+

14. How many vehicles does your household use on a daily basis? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

15. What is your gender? ☐ Female ☐ Male

16. Are you Hispanic or Latino? ☐ Yes ☐ No

17. What is your race? (Mark one or more.)

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian, Native Hawaiian, or other Pacific Islander
- ☐ Other : _____

18. What is your household's approximate income for the current year?

- ☐ Less than \$25,000
- ☐ \$25,000-\$50,000
- ☐ \$50,000 -\$75,000
- ☐ \$75,000-\$100,000
- ☐ More than \$100,000
- ☐ Not sure

Do you have any additional comments?

Transportation Survey

Poughkeepsie-Dutchess County Transportation Council

The Poughkeepsie-Dutchess County Transportation Council (PDCTC) is developing a long-range transportation plan for Dutchess County. We would like your feedback on transportation and land use patterns, needs, and priorities. Your answers are anonymous. Thank you!

Please return this form by September 4th to the PDCTC via mail, fax or email:

Poughkeepsie-Dutchess County Transportation Council

Attn: Moving Dutchess 2 Survey

27 High Street, 2nd Floor

Poughkeepsie, NY 12601

Fax: (845) 486-3610, Email: pdctc@co.dutchess.ny.us

For more information about the PDCTC and the metropolitan transportation plan, see our website:

<http://www.dutchessny.gov/pdctc.htm>

If you have questions about the survey, contact us at (845) 486-3600 or pdctc@co.dutchess.ny.us

1. Using the following scale from 1 (‘Very Important’) to 5 (‘Not At All Important’), please rank how important each of the following ideas are to help make Dutchess County a great place to live.

	<u>Very</u> <u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Neutral</u>	<u>Somewhat</u> <u>Unimportant</u>	<u>Not At All</u> <u>Important</u>	<u>Not</u> <u>Sure</u>
Preserving natural areas, habitats, and farmland.....	1	2	3	4	5	6
Adding sidewalks to make our communities more walkable .	1	2	3	4	5	6
Improving public transportation (i.e., bus and rail service)....	1	2	3	4	5	6
Encouraging a mix of housing, shopping, and offices within walking distance.....	1	2	3	4	5	6
Protecting our air and water quality	1	2	3	4	5	6
Reducing our dependence on automobiles.....	1	2	3	4	5	6
Reducing our energy usage.....	1	2	3	4	5	6
Reducing traffic congestion	1	2	3	4	5	6
Adding bicycle lanes and paths to make our communities more bicycle-friendly.....	1	2	3	4	5	6
Enhancing public spaces, parks, and trails.....	1	2	3	4	5	6

2. Please rate each of the following aspects of transportation in your community.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Not Good</u>	<u>Poor</u>	<u>Don't Know</u>
<u>Driving</u>						
Traffic flow on major streets.....	1	2	3	4	5	X
Condition of roads.....	1	2	3	4	5	X
Condition of bridges	1	2	3	4	5	X
Feeling of safety while driving	1	2	3	4	5	X
<u>Walking</u>						
Amount of sidewalks, shoulders, and crosswalks	1	2	3	4	5	X
Condition of sidewalks, shoulders, and crosswalks	1	2	3	4	5	X
Availability of paths and walking trails	1	2	3	4	5	X
Feeling of safety while walking	1	2	3	4	5	X
<u>Bicycling</u>						
Amount of bicycle lanes and shoulders on roads	1	2	3	4	5	X
Condition of bicycle lanes and shoulders.....	1	2	3	4	5	X
Amount of bicycle paths and trails.....	1	2	3	4	5	X
Feeling of safety while bicycling.....	1	2	3	4	5	X
<u>Buses</u>						
Availability of bus stops and shelters.....	1	2	3	4	5	X
Condition of bus stops and shelters.....	1	2	3	4	5	X
Frequency and schedule of buses	1	2	3	4	5	X
Feeling of safety when riding buses	1	2	3	4	5	X
Reliability of bus service	1	2	3	4	5	X
Availability of information about bus service.....	1	2	3	4	5	X
Condition/quality of buses.....	1	2	3	4	5	X
<u>Other Transit</u>						
Frequency and schedule of Metro-North train service	1	2	3	4	5	X
Reliability of Metro-North train service	1	2	3	4	5	X
Availability of parking at Metro-North train stations.....	1	2	3	4	5	X
Availability of information about Metro-North train service ..	1	2	3	4	5	X
Feeling of safety when riding Metro-North trains.....	1	2	3	4	5	X
Condition/quality of Metro-North trains	1	2	3	4	5	X
Availability of ferry service.....	1	2	3	4	5	X
<u>General</u>						
How well does the transportation system (roads, transit, walking & bicycling facilities) meet your needs?	1	2	3	4	5	X
Ease of getting to the places you usually have to go	1	2	3	4	5	X

3. Do any members of your household (age 16 or older) depend on transit or rides from others, either because they don't have a car or don't drive? ☐ Yes ☐ No

4. If you currently commute to work, how far do you live from your job? (Select one).

☐ 0 to 5 miles ☐ 6 to 10 miles ☐ 11 to 20 miles ☐ 21 to 30 miles ☐ More than 30 miles

5. In the **past week**, how many days did you travel using each of the following transportation options for each of the travel purposes? Please write a number as appropriate on each line. For example, if you took the bus to work 5 days last week, you would write "5" under "Bus" for the "Work or School" travel purpose. If you got a ride home from work 3 days, you would also write "3" under "Carpool" for the "Work or School" travel purpose.

<u>Travel Purpose</u>	<u>Days per Week (0-7)</u>						
	<u>Drive alone or with children</u>	<u>Carpool or drive with other adults</u>	<u>Walk</u>	<u>Bicycle</u>	<u>Bus</u>	<u>Other</u>	<u>Not Applicable</u>
Work or school	_____	_____	_____	_____	_____	_____	_____
An appointment or service provider (doctor, bank, post office, dentist, meeting)	_____	_____	_____	_____	_____	_____	_____
Shopping (grocery store, drug store, mall)	_____	_____	_____	_____	_____	_____	_____
Socializing or recreation (exercise, park, visit friends/family, restaurant)	_____	_____	_____	_____	_____	_____	_____
Church or religious services	_____	_____	_____	_____	_____	_____	_____

6. In the **past month**, how many times did you travel to the following out-of-county locations?

Orange County	<input type="checkbox"/> 0	<input type="checkbox"/> 1 to 4	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> More than 10
Ulster County	<input type="checkbox"/> 0	<input type="checkbox"/> 1 to 4	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> More than 10
Putnam County	<input type="checkbox"/> 0	<input type="checkbox"/> 1 to 4	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> More than 10
Westchester County	<input type="checkbox"/> 0	<input type="checkbox"/> 1 to 4	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> More than 10
New York City	<input type="checkbox"/> 0	<input type="checkbox"/> 1 to 4	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> More than 10
Connecticut	<input type="checkbox"/> 0	<input type="checkbox"/> 1 to 4	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> More than 10

7. Which **three** of the following investments should be top priorities in the next 5-10 years? (Select up to 3).

- ☐ Improving major roads and streets (adding travel lanes, widening intersections, adding signals, etc.)
- ☐ Maintaining major roads and streets
- ☐ Improving transportation services for seniors and disabled persons
- ☐ Improving public transportation/bus service
- ☐ Improving existing interchanges on highways
- ☐ Improving sidewalks and other pedestrian facilities
- ☐ Improving bicycling facilities (bike lanes, shoulders, trails, etc)
- ☐ Using technology (e.g. electronic signs, SmartPhone apps, etc.) to provide real-time traffic alerts and updates